



**Central Reimbursement Office**  
**PROVIDER ENROLLMENT**  
Attn: Indiana Provider Enrollment  
CSC Covansys  
P. O. Box 29160  
Shawnee Mission KS 66201-9160

Provider Enrollment 866.339.9595 Option 2 Fax: 913.888.6683 [www.infirststeps.com](http://www.infirststeps.com) Email: [infsenroll@csc.com](mailto:infsenroll@csc.com)

### Facility Transportation Enrollment Checklist

1. Name: \_\_\_\_\_
2. ☐ CRO Provider Enrollment Form
3. ☐ Central Reimbursement office (CRO) Provider Agreement
4. ☐ IRS Form W-9
5. ☐ Proof of auto insurance
6. ☐ Copy of valid Indiana Drivers License
7. ☐ Electronic Funds Transfer Form (EFT) and voided or cancelled check
8. ☐ Rider A
9. ☐ Copy of Indiana State Police check if driving for a facility. Must be current within the last 12 months. (County and City Police Checks are not acceptable.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Person completing this checklist

Mail all checked items along with this cover sheet to the address below. We cannot accept photocopies of signed documents or signed documents via fax. Documents with original signatures must be submitted. Please submit to:

Indiana First Steps Provider Enrollment  
C/o CSC Covansys  
P. O. Box 29160  
Shawnee Mission, KS 66201-9160  
Telephone: 1-866-339-9595 Option 2